

of people with diabetes (albeit a smaller increase than North Carolina) to set the 2020 target was also not ideal. It, too, translated into a target value that indicated an *increase* in the percentage of adults with diabetes by 2020. The HNC 2020 experts felt that a target for population health should represent an improvement over the state's current value. Thus a 10% improvement on the state's current percentage was selected as the 2020 target-setting method. Of all the remaining target-setting methods, the HNC 2020 experts decided this method best fit the criteria of being both aspirational and achievable. Reducing the percentage of adults with diagnosed diabetes to 8.6% by 2020 represents a 10% improvement from the 2009 percentage of 9.6%.

**OBJECTIVE 3: REDUCE THE COLORECTAL CANCER MORTALITY RATE TO 10.1 (PER 100,000 POPULATION)**

*Rationale for selection:* Cancer was the leading cause of death in North Carolina in 2009.<sup>9</sup> Colorectal cancer mortality was chosen as the HNC 2020 cancer objective instead of other cancers for various reasons. First, colorectal cancer is one of the leading causes of cancer death among *both* men and women. Other leading causes of cancer death include female breast cancer, which only affects women, and prostate cancer, which only affects men.<sup>19</sup> In 2008, the colorectal cancer mortality rate was 15.7 deaths per 100,000 population.<sup>f</sup> Second, colorectal cancer was the third leading cause of cancer mortality in the state in 2008.<sup>19</sup> Lung cancer is the leading cause of cancer death.<sup>19</sup> However, since three HNC 2020 objectives address smoking and secondhand smoke—major risk factors for lung cancer—lung cancer mortality was not chosen as the 2020 cancer objective. Finally, colorectal cancer is highly preventable. The 5-year survival rate is 90% with early detection and treatment.<sup>18</sup> It is estimated that if all men and women were screened regularly, approximately 60% of all colorectal cancer deaths could be prevented. Being physically active, eating fruits and vegetables, and avoiding tobacco use and excessive alcohol consumption are behaviors that may also reduce an individual's risk for developing colorectal cancer.<sup>20</sup>

*Rationale for target (refer to data grid):* From 1998-2008, North Carolina demonstrated a decrease in the colorectal cancer mortality rate from 20.7 deaths per 100,000 population to 15.7 deaths per 100,000 population. Given the state's success in reducing the colorectal cancer mortality rate, the 2020 target was set based upon a 10% improvement in North Carolina's 1998-2008 pace of improvement, which yields a 2020 target of 10.1 per 100,000 population.

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<sup>f</sup> State Center for Health Statistics, North Carolina Department of Health and Human Services. Written (email) communication. August 10, 2010.